

Request to Place an Item on the Agenda

Name: Todd County Middle School

Address: 515 W. Main St. Ellettsville, Ky

Telephone number: 270-265-2511

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: 8th Grade

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Kimberly Davis, Josh Watkins

Description of Issue: 8th grade trip to Holiday World located in Santa Claus, In on May 16th, 2024

Specific Action Requested: Approve this trip for the 8th grade class

Check if you are:  Board Member  District Employee  Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

**School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SUBMIT THIS FORM  ONE WEEK  TWO WEEKS  OTHER, SPECIFY \_\_\_\_\_ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP 8TH GRADE

**TYPE OF TRIP (CHECK ONE):**

- Classroom Field Trip X Class Trip (i.e., junior, senior), specify 8th grade trip
- Organization/Club Trip , specify \_\_\_\_\_  Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION HOLIDAY WORLD ADDRESS 452 E CHRISTMAS BLVD, SANTA CLAUS, IN 47579 PHONE (812) 937-4401

- X Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP MAY 16, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 6:30-7:00 PM

PURPOSE/EDUCATIONAL VALUE 8TH GRADE TRIP

SOURCE OF FUNDING FOR TRIP 8TH GRADE ACCOUNT/VARIOUS FUNDRAISERS

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*No student shall be denied the trip because of an inability to pay.*

BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 135 FACULTY SPONSORS 10 OTHER CHAPERONES 10  
TOTAL # OF PARTICIPANTS 155

**MODE OF TRANSPORTATION**

- IS DISTRICT TRANSPORTATION NEEDED?  NO  YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

**SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)**

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes  No

Person contacted at venue to discuss EAP: John Adkins- Director of fire and safety Person making contact: Shawna Fowler

Is there an Automated External Defibrillator (AED) on site: X Yes  No If yes, where: 15 in various areas of the park & 1 in the first aid facility

Does the venue have an Emergency Response Team: X Yes  No If yes, how are they contacted: \_\_\_\_\_

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Jennifer Hildabrand \_\_\_\_\_  
Nick Hildabrand \_\_\_\_\_